

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/598,708

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4	1						54						
5			1				55						
6			1	2			56						
7			2	1			57						
8			1	3			58						
9		1					59						
10		1					60						
11	1						61						
12		1					62						
13	1						63						
14		1					64						
15			1	4			65						
16			3	1			66						
17			1				67						
18			2	1			68						
19			1	4			69						
20			1	1			70						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	14	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	20	████████		████████		████████	TOTAL CLAIMS		████		████		████